

INFLUENZA VACCINE ADMINISTRATION REQUEST

"I have received the **Influenza Vaccine (2002-2003) What you need to know before you or your child gets the vaccine statement sheet**, and have read or have had explained to me the information in this sheet about Influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of Influenza vaccine and ask that it be given to me or the person named below for whom I am authorized to make this request"

Clinic _____ County _____

Information about person to receive vaccine (please print).						For Clinic Use Only:	
NAME: LAST FIRST MIDDLE INITIAL			BIRTHDATE		AGE		CLINIC / OFFICE ADDRESS: _____ DATE VACCINE ADMINISTERED: _____ VACCINE MANUFACTURER: _____ VACCINE LOT NUMBER: _____ SITE OF INJECTION: _____ SIGNATURE OF VACCINE ADMINISTRATOR: _____ X _____ TITLE OF VACCINE ADMINISTRATOR: _____
ADDRESS: STREET		CITY	COUNTY	STATE	ZIP		
SIGNATURE OF PERSON TO RECEIVE OR PERSON AUTHORIZED TO MAKE THE REQUEST:							
1 X					DATE		
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